

# Ohio EPA - Daily Discharge Monitoring Report - Form 4500

**SUBMISSION ID:** 1066471  
**FACILITY:** H2-Oh-Yeah  
**LOCATION:** 2134 C.R. 224  
 Ashley, OH 43003  
**COUNTY:** Morrow  
**DISTRICT:** CDO

**STATUS:**  
**PERMIT NUMBER:**  
**STATION CODE:**  
**MONITORING PERIOD :**  
**REPORTING LAB:**  
**ANALYST:**  
**NO DISCHARGE INDICATOR:**

Original  
**4MP00028\*AM**  
 401  
**2021-06-01 To: 2021-06-30**  
 Brookside  
 Cheryl Rex

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2021-06-01	7.5	.0486	.0003	AA5.0	23.2	248.56	.20
2021-06-02							
2021-06-03							
2021-06-04							
2021-06-05							
2021-06-06							
2021-06-07							
2021-06-08							
2021-06-09							
2021-06-10							
2021-06-11							
2021-06-12							
2021-06-13							
2021-06-14	7.62	.0369	.0004	AA5.0	23.42	277.89	.20
2021-06-15	7.54	.0502	.0003	AA5.0	24.52	245.78	.20
2021-06-16	7.53	.0401	.0004	AA5.0	21.16	245.01	.20
2021-06-17	7.54	.040	.0003	AA5.0	22.22	241.81	.20
2021-06-18							
2021-06-19							
2021-06-20							
2021-06-21							
2021-06-22	7.39	.0376	.0003	AA5.0	19.94	248.46	.20
2021-06-23	7.54	.0055	.0055	AA5.0	16.46	226.95	.20
2021-06-24							.20
2021-06-25							.20
2021-06-26							
2021-06-27							
2021-06-28							.20
2021-06-29							.20
2021-06-30							
Minimum	7.39	0.0055	3.0E-4	0.0	16.46	226.95	0.2
Maximum	7.62	0.0502	0.0055	0.0	24.52	277.89	0.2
Average		0.03699	0.00107	0	21.56	247.78	0.2
Count	7	7	7	7	7	7	11
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeffrey Williamson						Certification Version Date 2021-07-20 11:07	

# Ohio EPA - Daily Discharge Monitoring Report - Form 4500

<b>SUBMISSION ID:</b> <b>FACILITY:</b> <b>LOCATION:</b>	1066471 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003	<b>STATUS:</b> <b>PERMIT NUMBER:</b> <b>STATION CODE:</b> <b>MONITORING PERIOD :</b>	Original <b>4MP00028*AM</b> 401 <b>2021-06-01 To: 2021-06-30</b>
<b>COUNTY:</b> <b>DISTRICT:</b>	Morrow CDO	<b>REPORTING LAB:</b> <b>ANALYST:</b> <b>NO DISCHARGE INDICATOR:</b>	Brookside Cheryl Rex

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2021-06-01	.162					
2021-06-02						
2021-06-03						
2021-06-04						
2021-06-05						
2021-06-06						
2021-06-07						
2021-06-08						
2021-06-09						
2021-06-10						
2021-06-11						
2021-06-12						
2021-06-13						
2021-06-14	.216					
2021-06-15	.216					
2021-06-16	.216					
2021-06-17	.216					
2021-06-18						
2021-06-19						
2021-06-20						
2021-06-21						
2021-06-22	.216					
2021-06-23	.216					
2021-06-24	.216					
2021-06-25	.216					
2021-06-26						
2021-06-27						
2021-06-28	.216					
2021-06-29	.216					
2021-06-30						
Minimum	0.162					
Maximum	0.216					
Average	0.21109					
Count	11					

<b>Name of Responsible Official or Authorized Representative</b>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	<b>Signature of Responsible Official or Authorized Representative</b>	<b>Submission Date/Time</b>
Jeffrey Williamson		Signature area	<b>Certification Version Date</b> 2021-07-20 11:07

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<b>SUBMISSION ID:</b> <b>FACILITY:</b> <b>LOCATION:</b>  <b>COUNTY:</b> <b>DISTRICT:</b>	1066471 H2-Oh-Yeah 2134 C.R. 224  Ashley, OH 43003  Morrow CDO	<b>STATUS:</b> <b>PERMIT NUMBER:</b> <b>STATION CODE:</b> <b>MONITORING PERIOD :</b>  <b>REPORTING LAB:</b> <b>ANALYST:</b> <b>NO DISCHARGE INDICATOR:</b>	Original <b>4MP00028*AM</b> 402  <b>2021-06-01 To: 2021-06-30</b>   <b>AL</b>
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PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2021-06-01							
2021-06-02							
2021-06-03							
2021-06-04							
2021-06-05							
2021-06-06							
2021-06-07							
2021-06-08							
2021-06-09							
2021-06-10							
2021-06-11							
2021-06-12							
2021-06-13							
2021-06-14							
2021-06-15							
2021-06-16							
2021-06-17							
2021-06-18							
2021-06-19							
2021-06-20							
2021-06-21							
2021-06-22							
2021-06-23							
2021-06-24							
2021-06-25							
2021-06-26							
2021-06-27							
2021-06-28							
2021-06-29							
2021-06-30							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeffrey Williamson						Certification Version Date 2021-07-20 11:07	

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SUBMISSION ID:	1066471	STATUS:	Original
FACILITY:	H2-Oh-Yeah	PERMIT NUMBER:	4MP00028*AM
LOCATION:	2134 C.R. 224	STATION CODE:	402
	Ashley, OH 43003	MONITORING PERIOD :	2021-06-01 To: 2021-06-30
COUNTY:	Morrow	REPORTING LAB:	
DISTRICT:	CDO	ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2021-06-01						
2021-06-02						
2021-06-03						
2021-06-04						
2021-06-05						
2021-06-06						
2021-06-07						
2021-06-08						
2021-06-09						
2021-06-10						
2021-06-11						
2021-06-12						
2021-06-13						
2021-06-14						
2021-06-15						
2021-06-16						
2021-06-17						
2021-06-18						
2021-06-19						
2021-06-20						
2021-06-21						
2021-06-22						
2021-06-23						
2021-06-24						
2021-06-25						
2021-06-26						
2021-06-27						
2021-06-28						
2021-06-29						
2021-06-30						
Minimum						
Maximum						
Average						
Count						

<b>Name of Responsible Official or Authorized Representative</b>  <div style="text-align: center; font-size: 1.2em;">Jeffrey Williamson</div>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	<b>Signature of Responsible Official or Authorized Representative</b>  <div style="height: 40px;"></div>	<b>Submission Date/Time</b>  <div style="text-align: center;"> <b>Certification Version Date</b>                      2021-07-20 11:07                 </div>
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<b>SUBMISSION ID:</b> <b>FACILITY:</b> <b>LOCATION:</b>  <b>COUNTY:</b> <b>DISTRICT:</b>	1066471 H2-Oh-Yeah 2134 C.R. 224  Ashley, OH 43003  Morrow CDO	<b>STATUS:</b> <b>PERMIT NUMBER:</b> <b>STATION CODE:</b> <b>MONITORING PERIOD :</b>  <b>REPORTING LAB:</b> <b>ANALYST:</b> <b>NO DISCHARGE INDICATOR:</b>	Original <b>4MP00028*AM</b> 403  <b>2021-06-01 To: 2021-06-30</b>  Brookside Kari Long <b>AL</b>
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PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2021-06-01							
2021-06-02							
2021-06-03							
2021-06-04							
2021-06-05							
2021-06-06							
2021-06-07							
2021-06-08							
2021-06-09							
2021-06-10							
2021-06-11							
2021-06-12							
2021-06-13							
2021-06-14							
2021-06-15							
2021-06-16							
2021-06-17							
2021-06-18							
2021-06-19							
2021-06-20							
2021-06-21							
2021-06-22							
2021-06-23							
2021-06-24							
2021-06-25							
2021-06-26							
2021-06-27							
2021-06-28							
2021-06-29							
2021-06-30							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeffrey Williamson						Certification Version Date 2021-07-20 11:07	

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<b>SUBMISSION ID:</b> <b>FACILITY:</b> <b>LOCATION:</b>	1066471 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003	<b>STATUS:</b> <b>PERMIT NUMBER:</b> <b>STATION CODE:</b> <b>MONITORING PERIOD :</b>	Original <b>4MP00028*AM</b> 403 <b>2021-06-01 To: 2021-06-30</b>
<b>COUNTY:</b> <b>DISTRICT:</b>	Morrow CDO	<b>REPORTING LAB:</b> <b>ANALYST:</b> <b>NO DISCHARGE INDICATOR:</b>	Brookside Kari Long <b>AL</b>

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2021-06-01						
2021-06-02						
2021-06-03						
2021-06-04						
2021-06-05						
2021-06-06						
2021-06-07						
2021-06-08						
2021-06-09						
2021-06-10						
2021-06-11						
2021-06-12						
2021-06-13						
2021-06-14						
2021-06-15						
2021-06-16						
2021-06-17						
2021-06-18						
2021-06-19						
2021-06-20						
2021-06-21						
2021-06-22						
2021-06-23						
2021-06-24						
2021-06-25						
2021-06-26						
2021-06-27						
2021-06-28						
2021-06-29						
2021-06-30						
Minimum						
Maximum						
Average						
Count						

<b>Name of Responsible Official or Authorized Representative</b>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	<b>Signature of Responsible Official or Authorized Representative</b>	<b>Submission Date/Time</b>
Jeffrey Williamson			<b>Certification Version Date</b> 2021-07-20 11:07

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PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rate	Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Total Estimate	Grab
2021-06-01							
2021-06-02							
2021-06-03							
2021-06-04							
2021-06-05							
2021-06-06							
2021-06-07	.8910	.3960	AA5.0	22.0200	.2640	0	.7230
2021-06-08							
2021-06-09							
2021-06-10							
2021-06-11							
2021-06-12							
2021-06-13							
2021-06-14	1.2420	.9050					
2021-06-15							
2021-06-16							
2021-06-17							
2021-06-18							
2021-06-19							
2021-06-20							
2021-06-21	.9390	.1867	AA5.0	20.8000	.2447	0	.7830
2021-06-22							
2021-06-23							
2021-06-24							
2021-06-25							
2021-06-26							
2021-06-27							
2021-06-28	1.1690	.4382					
2021-06-29							
2021-06-30							
Minimum	0.891	0.1867	0.0	20.8	0.2447	0.0	0.723
Maximum	1.242	0.905	0.0	22.02	0.264	0.0	0.783
Average	1.06025	0.48148	0	21.41	0.25435	0	0.753
Count	4	4	2	2	2	2	2
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeffrey Williamson						Certification Version Date 2021-07-20 11:07	

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<b>SUBMISSION ID:</b> <b>FACILITY:</b> <b>LOCATION:</b>  <b>COUNTY:</b> <b>DISTRICT:</b>	1066471 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	<b>STATUS:</b> <b>PERMIT NUMBER:</b> <b>STATION CODE:</b> <b>MONITORING PERIOD :</b>  <b>REPORTING LAB:</b> <b>ANALYST:</b> <b>NO DISCHARGE INDICATOR:</b>	Original <b>4MP00028*AM</b> 602 <b>2021-06-01 To: 2021-06-30</b> Brookside Cheryl Rex
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PARAMETER	Sludge Solids, Percent Volatile	Freeboard	pH	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitrogen, Inorganic, Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1 / 2 Weeks	1 / 2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2021-06-01							
2021-06-02							
2021-06-03							
2021-06-04							
2021-06-05							
2021-06-06							
2021-06-07	25.6870	1.5	7.56	AA5.0	.0000	AA5.0	
2021-06-08							
2021-06-09							
2021-06-10							
2021-06-11							
2021-06-12							
2021-06-13							
2021-06-14							
2021-06-15							
2021-06-16							
2021-06-17							
2021-06-18							
2021-06-19							
2021-06-20							
2021-06-21	28.8890	1.5					
2021-06-22							
2021-06-23							
2021-06-24							
2021-06-25							
2021-06-26							
2021-06-27							
2021-06-28							
2021-06-29							
2021-06-30							
Minimum	25.687	1.5	7.56	0.0	0.0	0.0	
Maximum	28.889	1.5	7.56	0.0	0.0	0.0	
Average	27.288	1.5		0	0	0	
Count	2	2	1	1	1	1	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeffrey Williamson						Certification Version Date 2021-07-20 11:07	



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FACILITY:  
LOCATION:

H2-Oh-Yeah  
2134 C.R. 224  
Ashley, OH 43003

PERMIT NUMBER:  
MONITORING PERIOD :

4MP00028\*AM  
2021-06-01 To: 2021-06-30

## PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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